

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/049885

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2		1			
3		2			
4					
5					
6					
7					
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41					
42					
43					
44					
45					
46					
47					
48					
49					
50		1			
TOTAL AMEND.					
TOTAL DEP.					
TOTAL CLAIMS					

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1	
52				1	
53				1	
54				1	
55				1	
56				1	
57				1	
58				1	
59				1	
60				1	
61				1	
62				1	
63				1	
64				1	
65				1	
66				1	
67				1	
68				1	
69				1	
70				1	
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76				1	
77				1	
78				1	
79				1	
80				1	
81				1	
82				1	
83				1	
84				1	
85				1	
86				1	
87				1	
88				1	
89				1	
90				1	
91				1	
92				1	
93				1	
94				1	
95				1	
96				1	
97				1	
98				1	
99				1	
100				1	
TOTAL IND.				1	
TOTAL DEP.				1	
TOTAL CLAIMS				46	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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